

# APPENDIX B

## FORMS FOR IDAHO CERTIFICATION

- B1** Application for an **initial** Idaho Professional Education Credential  
**Note:** This form is used for **all** certificated personnel, including teachers and administrators.
- BI-R** Application for **renewing** an Idaho Professional Education Credential  
**Form:** This form is available at [www.sde.state.id.us/certification](http://www.sde.state.id.us/certification) or at (208) 332-6800.
- B2** Institutional Recommendation for **Teachers, including Counselors**  
**Form:** Institutional Recommendation for Idaho Professional Education Credentials
- B3** Institutional Recommendation for **Pre-K-12 Principals**  
**Form:** Verification of Completion of an Approved Program in School Administration for the Preparation of Elementary or Secondary School Principals
- B4** Institutional Recommendation for **School Superintendents**  
**Form:** Verification of Completion of an Approved Program in School Administration for the Preparation of School Superintendents
- B5** Institutional Recommendation for **Directors of Special Education and Related Services, Pre-K-12**  
**Form:** Verification of Completion of an Approved Program in School Administration for the Preparation of Directors of Special Education
- B6** Professional Experience Verification  
**Form:** Professional Experience Report
- B7** Verification of Completion of Equivalent Inservice Training  
**Form:** Verification of inservice semester credit hours as opposed to semester credit hours found on a college/university transcript.
- B8** Verification of Demonstrating Competencies for **Consulting Teacher** of Special Education  
**Form:** This form is available at [www.sde.state.id.us/certification](http://www.sde.state.id.us/certification) or at (208) 332-6800.
- B9** Verification of Demonstrating Competencies for **Supervisor/Coordinator** of Special Education  
**Form:** This form is available at [www.sde.state.id.us/certification](http://www.sde.state.id.us/certification) or at (208) 332-6800.

# APPLICATION FOR AN IDAHO INITIAL PROFESSIONAL EDUCATION CREDENTIAL

B1

THIS SECTION FOR OFFICIAL USE ONLY	Fee	Date Received	Year Issued	Year Expired	ICC Status
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## Item #1 Personal Information (Please print your name exactly as you want it to appear on the certificate.)

Name	Birth Date	/	/
Maiden/Other Name	SS#	/	/
Street or PO Box #	Phone #		
City, State, Zip Code	(circle one)	Male	Female

## Item #2 Certificates: List the certificate(s) for which you are applying (i.e., Stndrd Elementary, Admin, Stndrd Secondary, etc).

Certificate #1	
Certificate #2	
Certificate #3	
Certificate #4	

## Item #3 Endorsements: List the educational endorsement(s) for which you are applying (i.e., English, Principal, etc).

Endorsement #1		Endorsement #5	
Endorsement #2		Endorsement #6	
Endorsement #3		Endorsement #7	
Endorsement #4		Endorsement #8	

## Item #4 Educational Institutions: List the colleges/universities you have attended (start with most recent). You will need to include official transcripts for each institution listed.

College/University Name	Years Attended	Degree Earned	Year Earned
a.			
b.			
c.			
d.			
e.			

## Item #5 Teaching Experience: If you have two or more years of contracted teaching experience, list the last two districts/educational agencies with whom you held a contract. Substitute teaching does not apply.

School District Name	State	From (mo/yr)	To (mo/yr)
a.			
b.			
c.			

## Item #6 PRAXIS II Tests: List all PRAXIS II tests you have taken and the score achieved on each.

(Official verification of the score(s) must accompany this application (i.e., notarized copy of score sheet).

Test Name	Test #	Score	Test Name	Test #	Score
a.			d.		
b.			e.		
c.			f.		

## Item #7 Idaho Technology Requirement:

I have successfully completed ONE of the three versions of the Idaho Technology assessment? (An official notice, letter, or notarized copy of a certification of completion must be on file in this office or included with this application.)

(circle one) YES NO

More information is required on the back (over).

**Item #8 Prior Certification Irregularities or Legal Convictions**

The Application for an Initial Idaho Professional Education Credential requires each applicant to respond to four (4) questions about prior certification irregularities or legal convictions (other than minor traffic violations).

1. Have you ever had a teaching certificate revoked, suspended, denied, or have you ever voluntarily relinquished a teaching certificate to avoid revocation proceedings in another state?

(circle one) YES NO

2. Is there any action pending against your certificate or your application in another state?

(circle one) YES NO

3. Have you ever been convicted of any felony or misdemeanor in any state, federal, or military court?

(see NOTE 2 below)

(Do not include convictions for minor traffic violations.)

(circle one) YES NO

4. Are you currently under investigation or facing pending criminal charges in Idaho or in any other state?

(see NOTE 2 below)

(circle one) YES NO

NOTE:  
1

If the answer is **YES** to any of the questions 1-4 above, the following applies:

- 1) A personal written explanation must accompany this application;
- 2) If your misdemeanor conviction is less than five (5) years old, relevant court documents must accompany this application;
- 3) All felony convictions require relevant documents from the arresting law enforcement agency and the court that oversaw the final disposition.

NOTE:  
2

For the purposes of questions 3 and 4 above, conviction means:

1. All instances in which a plea of guilty or *nolo contendere* is the basis of conviction;
2. All proceedings in which a sentence has been suspended, deferred, or withheld; and,
3. All proceedings in which the prosecution was deferred.

I attest and affirm that I have read the **Code of Ethics for Idaho Professional Educators**. (For a copy of the Code, refer to [www.sde.state.id.us/certification](http://www.sde.state.id.us/certification).)

My signature on this application attests and affirms that all statements made by me on this application are true and correct to the best of my knowledge.

I understand that entry of false information on the application may result in denial of my application or revocation of my certificate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

RETURN FORM AND FEE TO:

Idaho State Department of Education  
Bureau of Certification & Professional Standards  
PO Box 83720  
Boise, ID 83720-0027

# INSTITUTIONAL RECOMMENDATION

B-2

## for IDAHO PROFESSIONAL EDUCATION CREDENTIALS

(for applicants of Basic Education, Special Education, and Pupil Personnel Services Certificates)

### Instructions for Applicants for Idaho Certification

Either this form or the institution's own recommendation form may be used by the Director of Teacher Education or the college official responsible for teacher certification to verify the completion of a State Board of Education approved program of teacher preparation. It is the responsibility of the applicant to have the institutional recommendation completed. Verification of completion of a State Board of Education approved program of teacher preparation is required to support application for an Idaho credential.

#### 1. To be completed by the applicant OR the college/university official responsible for program verification:

Applicant's Name (last name, first name)	Initial	Maiden Name	Dates of Attendance from to	Social Security #
Current Personal Street Address	City		State	Zip

Items 2, 3, and 4 are to be completed by the college or university official responsible for program verification.

#### 2. Program Information:

Please check the appropriate areas to indicate completion of an approved program in:

##### I. SECONDARY EDUCATION:

Student teaching done in grades \_\_\_\_\_

Major teaching endorsement(s) \_\_\_\_\_

Minor teaching endorsement(s) \_\_\_\_\_

##### II. ELEMENTARY EDUCATION:

Student teaching done in grades \_\_\_\_\_

##### III. SPECIAL EDUCATION: (check the appropriate blank listed below. MUST be a 30 semester credit program)

\_\_\_\_\_ Generalist

\_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ Seriously Emotionally Disturbed

\_\_\_\_\_ Severe Retardation

\_\_\_\_\_ Visually Impaired

\_\_\_\_\_ Physically Disabled

\_\_\_\_\_ Multiple Disabilities

##### IV. PUPIL PERSONNEL SERVICES: (check the appropriate endorsement area(s) listed below)

\_\_\_\_\_ School Guidance/Counseling (with 700 clock hours, one half of which must be in K-12 setting)

\_\_\_\_\_ School Social Work

\_\_\_\_\_ School Psychologist

\_\_\_\_\_ Communications Disorders (Speech Pathology & Audiology)

\_\_\_\_\_ Audiology

#### 3. Idaho mandated assessment assurances (for Idaho graduates only): (place Y or N in the blank)

\_\_\_\_\_ has passed the approved Idaho reading assessment \_\_\_\_\_ has passed an approved Idaho technology assessment

#### 4. PRAXIS II assessment(s) taken by applicant:

name of the test(s) taken	test number(s) #	test score(s)
	#	
	#	
	#	

#### 5. Program completion information:

Program completion date:                      /                      /

The above named applicant is recommended for certification in the area(s) checked (in #2).

(Note: This form should be submitted when the applicant has completed ALL program requirements.)

Name of college/university	Date
Signature of the college/university official	Title
	State

**VERIFICATION OF COMPLETION OF AN APPROVED PROGRAM  
IN SCHOOL ADMINISTRATION FOR THE PREPARATION OF  
PRE -K-12 SCHOOL PRINCIPAL**

**B3**

**MUST:**

- X Hold a master's degree from an accredited college or university.
- X Have four (4) years of full-time certificated experience working with students K-12 while under contract in a school setting (see **Appendix B6** for **Professional Experience Report**).
- X Have completed an administrative internship or have one (1) year of experience as an administrator in grades K-12.
- X Provide verification of completion of a state-approved program of **at least** thirty (30) semester, or forty-five (45) quarter, credit hours of graduate study in school administration for the preparation of school principals at an accredited college or university.
- X Provide an institutional recommendation for a School Principal Pre-K-12 (see **Appendix B3**).
- X Demonstrate competency in the areas noted below as verified by an appropriate college/university official.

**TO BE COMPLETED by the Director of Educational Administration Programs or Dean of the College of Education.**

\_\_\_\_\_ (First, Middle and Last Name), \_\_\_\_\_  
(Social Security number) is applying for an Idaho Administrator Certificate endorsed as a Pre- K-12 Principal. One of the requirements is verification of demonstrated competencies in the areas listed below. Please assist the applicant by providing the required verification and checking the appropriate box for the following competencies:

COMPETENCY	EXHIBITS THIS COMPETENCY	
	YES	NO
Leadership, ethics, and management of change;		
All forms of communication, including technology, advocacy and media;		
Customer involvement and public relations;		
Staff development and supervision;		
School law, school finance and grant writing;		
Curriculum development, integration of technology, delivery and assessment;		
Education of all populations; and,		
Student behavior management/effective discipline.		

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_

College/University: \_\_\_\_\_

**VERIFICATION OF COMPLETION OF AN APPROVED PROGRAM  
IN SCHOOL ADMINISTRATION FOR THE PREPARATION OF  
SCHOOL SUPERINTENDENT**

**B4**

**MUST:**

- X Hold an education specialist or doctorate degree or complete a comparable post-master's sixth-year program at an accredited college or university.
- X Have four (4) years of full-time certificated experience working with students K-12 while under contract in a school setting (see **Appendix B6** for **Professional Experience Report**).
- X Have completed an administrative internship for the Superintendent endorsement or have one year of out-of-state experience as an assistant superintendent or superintendent in grades Pre-K-12, while holding that state's administrative certificate.
- X Provide verification of completion of a state-approved program of **at least** thirty (30) semester, or forty-five (45) quarter, credit hours of post-master's degree graduate study for the preparation of school superintendents at an accredited college or university.
- X Provide an institutional recommendation for a Superintendent (see **Appendix B4**).
- X In addition to those required for the School Principal Pre-K-12 endorsement (see **Appendix B3**), demonstrate competency in the areas noted below as verified by an appropriate college/university official.

**TO BE COMPLETED by the Director of Educational Administration Programs or Dean of the College of Education**

\_\_\_\_\_ (First, Middle and Last Name), \_\_\_\_\_  
(Social Security number) is applying for an Idaho Administrator Certificate endorsed as a Superintendent. One of the requirements is verification of demonstrated competencies in the areas listed below. Please assist the applicant by providing the required verification and checking the appropriate box for the following competencies:

COMPETENCY	EXHIBITS THIS COMPETENCY	
	YES	NO
Advanced school finance, grant writing, and generation of additional sources of revenues;		
Policy development and school board operations/relations;		
District-wide support services;		
Employment practices and negotiations;		
Educational product marketing and community relations; and		
Student services and federal programs		

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_

College/University: \_\_\_\_\_

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**VERIFICATION OF COMPLETION OF AN APPROVED PROGRAM  
IN SCHOOL ADMINISTRATION FOR THE PREPARATION OF  
DIRECTOR OF SPECIAL EDUCATION**

**MUST:**

- X Hold a master's degree from an accredited college or university.
- X Have four (4) years of full-time certificated experience working with students K-12 while under contract in a school setting (see **Appendix B6** for **Professional Experience Report**).
- X Have completed an administrative internship/practicum in the area of administration of special education and related services.

**TO BE COMPLETED by the Director of Educational Administration Programs or Dean of the College of Education.**

\_\_\_\_\_ (First, Middle and Last Name), \_\_\_\_\_  
(Social Security number) is applying for an Idaho Administrator Certificate endorsed as a Director of Special Education. One of the requirements is verification of demonstrated competencies in the areas listed below. Please assist the applicant by providing the required verification and checking the appropriate box for the following competencies:

COMPETENCY	EXHIBITS THIS COMPETENCY	
	YES	NO
Organization and administration of student services, including foundation of special education;		
Leadership, ethics, and management of change;		
All forms of communication, including technology, advocacy, mediation and counseling with parents of children with disabilities;		
Customer involvement and public relations;		
Staff development and supervision;		
Policy development as related to student services;		
School law and school finance as related to student services and grant work;		
Curriculum development, integration of technology, delivery and assessment as related to student services; and,		
Student behavior management/effective discipline.		

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_

College/University: \_\_\_\_\_

**B6**

Fill out the top portion of the Professional Experience Report and send the form to your employer(s). When this form has been returned to you, include it in your application packet. Professional experience gained while holding a teaching certificate is the only experience accepted.

## SECTION 2: TO BE COMPLETED BY EMPLOYER

TEACHING EXPERIENCE		FROM	TO	TOTAL MONTHS FULL TEACHING
ELEMENTARY Grades Taught				
SECONDARY Grades and/or Subject Taught				
SPECIAL EDUCATION				
OTHER EXPERIENCE				
School District	Signature of Superintendent or Clerk		Address (use address stamp if available)	
Telephone	Title		Date	

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# VERIFICATION OF COMPLETION OF EQUIVALENT INSERVICE TRAINING

Idaho State Department of Education  
Bureau of Certification/Professional Standards  
PO Box 83720  
Boise, ID 83720-0027

In order for any inservice credit to be applied toward certificate renewal, it **must** relate directly to a school district's Professional Development Plan. This plan must be on file in the local school district office. Any inservice credit, whether offered by a school district or another agency, **must** receive written approval from the Superintendent and the chairperson of the Professional Development Committee from the employing school district. It is their responsibility to determine if the activity relates to the district plan and is acceptable within the plan's guidelines.

This verification form must be filed by the applicant with the Bureau of Certification/Professional Standards in the Idaho Department of Education if renewal credit is desired. This form should accompany the application for certificate renewal, but verification may be filed upon completion of the professional development activity.

The following individual has successfully completed a professional development activity and is entitled to equivalency credit. (NOTE: 15 clock hours = 1 inservice credit. A maximum of three (3) inservice credits may be applied toward the renewal of an individual's certificate.) Partial credit **is not** applicable.

FULL NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Last First M.I.

HOME ADDRESS: \_\_\_\_\_  
Street/P.O. Box City State Zip

SCHOOL DISTRICT WHERE EMPLOYED: \_\_\_\_\_ No. \_\_\_\_\_

SCHOOL DISTRICT/AGENCY CONDUCTING INSERVICE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

## **DESCRIPTION/TITLE OF INSERVICE (USE A SEPARATE SHEET IF NECESSARY.)**

INCLUSIVE DATES (Month, Day(s), Year): \_\_\_\_\_

TOTAL CLOCK HOURS OF INSTRUCTION RECEIVED: \_\_\_\_\_

Signature - Agency conducting activity \_\_\_\_\_ Date \_\_\_\_\_ Signature - Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Signature - Professional Development Chair \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Signatures denote approval

## **CERTIFICATION OFFICE USE ONLY**

Number of inservice credit hours approved toward certificate renewal \_\_\_\_\_

Signature - Chief Certification Officer/Designee \_\_\_\_\_ Date \_\_\_\_\_